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PATENT APPLICATION
Attorney's Do. No. 1157-2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

Kelli S. Childs
(SENDER'S PRINTED NAME)

Ariel S. Rogson
(SIGNATURE)

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventor [or Application Identifier]: Ariel S. Rogson

For: METHOD AND APPARATUS FOR UPDATING DATABASE OF AUTOMATIC SPELLING CORRECTIONS

[If continuing application] This application is a ☐ continuation, ☐ divisional, ☐ continuation-in-part of prior application Serial No. _____, filed _____.

Enclosures:

- ☒ Specification (pages 1-10); claims (pages 11-15); abstract (page 16)
- ☒ 14 sheet(s) of drawings
- ☒ Declaration or Combined Declaration and Power of Attorney
 - ☒ Newly executed (original or copy)
 - ☐ Copy from a prior application (37 CFR 1.63(d))
 - ☐ Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
 - ☐ Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- ☒ Verified Statement Claiming Small Entity Status

- ☒ Power of Attorney
☐ Assignment with cover sheet
☐ Certified copy of priority document:
☒ Information Disclosure Statement with Form PTO 1449
☒ Copies of references listed on attached Form PTO-1449
☐ Preliminary Amendment
☐ Change of Address
☒ Return Postcard

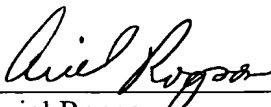
CLAIMS AS FILED				
For	Number Filed	Number Extra	Rate	Basic Fee \$345.00
Total Claims	30-20	10	x \$ 9 =	90.00
Independent Claims	4-3	1	x \$ 39 =	39.00
Multiple Dependent Claim Fee			x \$130 =	0.00
TOTAL FILING FEE				\$474.00

- ☐ Cancel in this divisional application original claims _____ of the prior application Serial No. _____ before calculating the filing fee. (At least one original independent claim must be retained for filing purposes.)
☒ A check in the amount of \$474.00 to cover ☒ filing fee is enclosed.
☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.C.


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